CLAIMS ONLY

Application Number 09848642 **Filing Date** 5-3-01

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51				/		
2		/					52				/		
3							53				/		
4							54				/		
5							55				/		
6		/					56				/		
7		/					57				/		
8	/						58			/			
9							59				/		
10							60				/		
11		/					61				/		
12		/					62				/		
13	/						63				/		
14		/					64				/		
15							65				/		
16		/					66				/		
17							67			/			
18		/					68				/		
19		/					69				/		
20		/					70				/		
21	/						71				/		
22		/					72				/		
23		/					73				/		
24		/					74				/		
25	/						75				/		
26		/					76			/			
27		/					77				/		
28		/					78				/		
29	/						79				/		
30		/					80				/		
31		/					81				/		
32		/					82				/		
33		/					83				/		
34		/					84				/		
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49			/				99						
50				/			100						
Total Indep	6		7				Total Indep			10			
Total Depend	22		29				Total Depend			60			
Total Claims	28		36				Total Claims			70			